

<i>SERFF Tracking Number:</i>	<i>ANTD-126291589</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Unicare Life &amp; Health Insurance Company</i>	<i>State Tracking Number:</i>	<i>43557</i>
<i>Company Tracking Number:</i>	<i>09-0037</i>		
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.003A Small Group Only - PPO</i>
<i>Product Name:</i>	<i>Maximum Allowable</i>		
<i>Project Name/Number:</i>	<i>Maximum Allowable/09-0037</i>		

## Filing at a Glance

Company: Unicare Life & Health Insurance Company

Product Name: Maximum Allowable

SERFF Tr Num: ANTD-126291589 State: Arkansas

TOI: H16G Group Health - Major Medical

SERFF Status: Closed-Approved-Closed  
State Tr Num: 43557

Sub-TOI: H16G.003A Small Group Only - PPO Co Tr Num: 09-0037

State Status: Approved-Closed

Filing Type: Form

Author: Judith Mehm

Reviewer(s): Rosalind Minor

Date Submitted: 09/22/2009

Disposition Date: 09/25/2009

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Maximum Allowable

Status of Filing in Domicile: Pending

Project Number: 09-0037

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small

Overall Rate Impact:

Group Market Type: Employer

Filing Status Changed: 09/25/2009

Explanation for Other Group Market Type:

State Status Changed: 09/25/2009

Deemer Date:

Created By: Judith Mehm

Submitted By: Judith Mehm

Corresponding Filing Tracking Number:

Filing Description:

The enclosed form is submitted for approval on a general use basis to be used with previously approved Certificate form ARSGDED0304. The submitted form is substantially similar to ARSGNPAR-PPI 03/08, which was previously approved by your department on April 16, 2008 under SERFF Filing ID ANTD-125580429, State Traking ID 38548.

The original amendment changed the "Reasonable Charge" definition to include facility charges as well as professional fees. In this new amendment, the term "Reasonable Charge" will be replaced with "Maximum Allowable [Amount] [Charge]." Either "Amount" or "Charge" will be used in the Amendment as applicable to the certificate language. The Formulary definition change to the Prescription Drug Benefits section of the Certificate of Coverage in the original amendment remains unchanged and is not included with this filing.

SERFF Tracking Number: ANTD-126291589 State: Arkansas  
 Filing Company: Unicare Life & Health Insurance Company State Tracking Number: 43557  
 Company Tracking Number: 09-0037  
 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.003A Small Group Only - PPO  
 Product Name: Maximum Allowable  
 Project Name/Number: Maximum Allowable/09-0037

The method of calculating the “reasonable charge” now the “maximum allowable”, has not changed from the previously approved filing, with the exception of deletion of the use of the Ingenix and Ingenix RBRVS database information. The most significant change to the previously approved form is replacement of the term “Reasonable Charge”, and deletion of the last bulleted item in the original form, [The Average Wholesale Price for Pharmaceuticals or Maximum Allowable Cost (MAC).]

## Company and Contact

### Filing Contact Information

Judith Mehm, Sr. Contract Compliance Advisor judith.mehm@wellpoint.com  
 233 South Wacker Drive 312-234-7146 [Phone]  
 Chicago, IL 60606 312-234-7502 [FAX]

### Filing Company Information

Unicare Life & Health Insurance Company CoCode: 80314 State of Domicile: Indiana  
 233 S. Wacker Dr., Suite 3900 Group Code: Company Type: Life & Health  
 Insurance  
 Chicago, IL 60606 Group Name: State ID Number:  
 (312) 234-7893 ext. [Phone] FEIN Number: 52-0913817

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$35.00  
 Retaliatory? Yes  
 Fee Explanation: 1 Form, Retaliatory State Filing Fee \$35 per filing.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Unicare Life & Health Insurance Company	\$0.00	09/22/2009	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
61380326	\$35.00	09/09/2009

<i>SERFF Tracking Number:</i>	<i>ANTD-126291589</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Unicare Life &amp; Health Insurance Company</i>	<i>State Tracking Number:</i>	<i>43557</i>
<i>Company Tracking Number:</i>	<i>09-0037</i>		
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.003A Small Group Only - PPO</i>
<i>Product Name:</i>	<i>Maximum Allowable</i>		
<i>Project Name/Number:</i>	<i>Maximum Allowable/09-0037</i>		

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved-Closed	Rosalind Minor	09/25/2009	09/25/2009

<i>SERFF Tracking Number:</i>	<i>ANTD-126291589</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Unicare Life &amp; Health Insurance Company</i>	<i>State Tracking Number:</i>	<i>43557</i>
<i>Company Tracking Number:</i>	<i>09-0037</i>		
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.003A Small Group Only - PPO</i>
<i>Product Name:</i>	<i>Maximum Allowable</i>		
<i>Project Name/Number:</i>	<i>Maximum Allowable/09-0037</i>		

## Disposition

Disposition Date: 09/25/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>ANTD-126291589</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Unicare Life &amp; Health Insurance Company</i>	<i>State Tracking Number:</i>	<i>43557</i>
<i>Company Tracking Number:</i>	<i>09-0037</i>		
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.003A Small Group Only - PPO</i>
<i>Product Name:</i>	<i>Maximum Allowable</i>		
<i>Project Name/Number:</i>	<i>Maximum Allowable/09-0037</i>		

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Supporting Document</b>	Cover Letter	Approved-Closed	Yes
<b>Supporting Document</b>	Statement of Variability	Approved-Closed	Yes
<b>Supporting Document</b>	Redlined ARSGNPAR 08/09	Approved-Closed	Yes
<b>Supporting Document</b>	Redlined Statement of Variability	Approved-Closed	Yes
<b>Form</b>	Certificate of Coverage Amendment	Approved-Closed	Yes

SERFF Tracking Number:	ANTD-126291589	State:	Arkansas
Filing Company:	Unicare Life & Health Insurance Company	State Tracking Number:	43557
Company Tracking Number:	09-0037		
TOI:	H16G Group Health - Major Medical	Sub-TOI:	H16G.003A Small Group Only - PPO
Product Name:	Maximum Allowable		
Project Name/Number:	Maximum Allowable/09-0037		

## Form Schedule

Lead Form Number: ARSGNPAR 08/09

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 09/25/2009	ARSGNPAR 08/09	Certificate of Amendment, Insert Page, Endorsement or Rider	Certificate of Coverage Amendment	Initial		49.300	ARSGNPAR 08-09.pdf

## UniCare Life & Health Insurance Company

### Certificate of Coverage Amendment

[Your Certificate of Coverage issued by UniCare Life & Health Insurance Company to [xxxxxxx] under Group Policy No. [xxxxxx] is changed as explained in this Amendment.

The definition of Reasonable Charge as appears in the Certificate of Coverage is deleted and replaced with the following effective [xxxxxx].]

[The effective date of this Certificate of Coverage Amendment is the same as the Certificate of Coverage Effective Date shown in Your Plan specification page.

The definition of the Reasonable Charge in the Definitions section of the Certificate of Coverage is deleted in its entirety and replaced with the following:]

**Maximum Allowable [Amount] [Charge]** for a Covered Expense rendered by a Non-Participating Provider which will not exceed the billed charges, is the lesser of:

- The amount based on a percentage of available rates published by [CMS] [(Centers for Medicare and Medicaid Services)] or a benchmark developed by [CMS] for the same or similar services [within a geographical area;]
- The amount established by comparing rates from one or more regional or national databases or schedules for the same or similar services [in a geographical area]; or based on a percentage of a federal or statewide medical reimbursement benchmark; or the amount based on a percentage of a federal or statewide medical reimbursement benchmark;
- A statewide average operating cost-to-charge ratio(s) (urban) including, but not limited to, information derived from publicly available [CMS] cost of charge report(s) published by [CMS], applied to the Non-Participating Provider's charges;
- [The amount based on rates negotiated with one or more [in network] [Participating] Providers in a geographic area for the same or similar services;]
- [The amount based on a percentage of the Non-Participating Provider's cost for providing the same or similar services including, but not limited to, information derived from the publicly available cost report(s) submitted by the Non-Participating Provider to [CMS]; ]
- The amount based on a fee schedule that is developed [for procedures or codes for which [CMS] does not publish a value and is not otherwise valued by Our medical reimbursement data sources or Nonparticipating Provider fee schedule(s);
- The amount based on a percentage of the Non-Participating Provider's billed charges for procedures or codes for which [CMS] does not publish a value and is not otherwise valued by Our medical reimbursement data sources or Nonparticipating Provider fee schedule(s); [or]
- [The amount charged for the services [whether directly or through one or more intermediaries.]]

[The amount payable may be increased by a fixed percentage for certain services or facilities as agreed to by the Policyholder.]

All other references to Reasonable Charge in the Certificate of Coverage are replaced with Maximum Allowable [Amount] [Charge].

Signed for UniCare by:



SECRETARY

SERFF Tracking Number:	ANTD-126291589	State:	Arkansas
Filing Company:	Unicare Life & Health Insurance Company	State Tracking Number:	43557
Company Tracking Number:	09-0037		
TOI:	H16G Group Health - Major Medical	Sub-TOI:	H16G.003A Small Group Only - PPO
Product Name:	Maximum Allowable		
Project Name/Number:	Maximum Allowable/09-0037		

## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status</b>
			<b>Date:</b>
<b>Satisfied - Item:</b>	Flesch Certification	Approved-Closed	09/25/2009
<b>Comments:</b>			
<b>Attachment:</b>			
AR Flesch Cert.pdf			

		<b>Item Status:</b>	<b>Status</b>
			<b>Date:</b>
<b>Bypassed - Item:</b>	Application	Approved-Closed	09/25/2009
<b>Bypass Reason:</b>	Not applicable to this filing.		
<b>Comments:</b>			

		<b>Item Status:</b>	<b>Status</b>
			<b>Date:</b>
<b>Satisfied - Item:</b>	Cover Letter	Approved-Closed	09/25/2009
<b>Comments:</b>			
<b>Attachment:</b>			
AR Filing Ltr.pdf			

		<b>Item Status:</b>	<b>Status</b>
			<b>Date:</b>
<b>Satisfied - Item:</b>	Statement of Variability	Approved-Closed	09/25/2009
<b>Comments:</b>			
<b>Attachment:</b>			
AR Statement of Variability.pdf			

		<b>Item Status:</b>	<b>Status</b>
			<b>Date:</b>
<b>Satisfied - Item:</b>	Redlined ARSGNPAR 08/09	Approved-Closed	09/25/2009
<b>Comments:</b>			
<b>Attachment:</b>			



*SERFF Tracking Number:*      *ANTD-126291589*                      *State:*                      *Arkansas*  
*Filing Company:*              *Unicare Life & Health Insurance Company*      *State Tracking Number:*      *43557*  
*Company Tracking Number:*      *09-0037*  
*TOI:*                      *H16G Group Health - Major Medical*              *Sub-TOI:*                      *H16G.003A Small Group Only - PPO*  
*Product Name:*              *Maximum Allowable*  
*Project Name/Number:*      *Maximum Allowable/09-0037*  
**REDLINED ARSGNPAR 08-09.pdf**

	<b>Item Status:</b>	<b>Status</b>
<b>Satisfied - Item:</b> Redlined Statement of Variability	Approved-Closed	<b>Date:</b> 09/25/2009
<b>Comments:</b>		
<b>Attachment:</b>		
AR Redlined Statement of Variability.pdf		



## **CERTIFICATION OF COMPLIANCE WITH READABILITY STANDARDS**

Unicare Life & Health Insurance Company hereby certifies that this filing complies with Arkansas Code Annotated §23-80-206. The Flesch reading ease test scores derived by analysis of the entire text of the following forms are:

**Form Number**

ARSGNPAR 08/09

**Flesch Score**

49.3 when integrated into certificate form

Exclusions from scoring are limited to:

- the name, number or title of the policy or certificate forms;
- the table of contents;
- captions, subcaptions and form numbers;
- specification pages;
- schedules and tables; and
- any specific language required by state statute.

These forms are printed, except for specification pages, schedules and tables, in not less than 10-point, 1-point leaded typeface.

A handwritten signature in black ink, appearing to read "Lawrence Schreiber", written over a horizontal line.

Signature of Company Officer:

Lawrence G. Schreiber  
Vice-President and General Manager

Date: September 9, 2009



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**Judy Mehm**

Sr. Contract Compliance Advisor  
Regulatory Compliance Department  
Phone: 312-234-7146  
Fax: 312-234-7502  
E-mail: judith.mehm@wellpoint.com

September 22, 2009

Arkansas Insurance Department  
Life and Health Division  
1200 West Third Street  
Little Rock, AR 72201

Re: UniCare Life & Health Insurance Company  
NAIC# 0617-80314  
FEIN# 52-0913817  
Filing ID#: 09-0037  
Form No.: ARSGNPAR 08/09, Certificate of Coverage Amendment

Dear Reviewer:

The enclosed form is submitted for approval on a general use basis to be used with previously approved Certificate form ARSGDED0304. The submitted form is substantially similar to ARSGNPAR-PPI 03/08, which was previously approved by your department on April 16, 2008 under SERFF Filing ID ANTD-125580429, State Tracking ID 38548.

The original amendment changed the "Reasonable Charge" definition to include facility charges as well as professional fees. In this new amendment, the term "Reasonable Charge" will be replaced with "Maximum Allowable [Amount] [Charge]." Either "Amount" or "Charge" will be used in the Amendment as applicable to the certificate language. The Formulary definition change to the Prescription Drug Benefits section of the Certificate of Coverage in the original amendment remains unchanged and is not included with this filing.

The method of calculating the "reasonable charge" now the "maximum allowable", has not changed from the previously approved filing, with the exception of deletion of the use of the Ingenix and Ingenix RBRVS database information. The most significant change to the previously approved form is replacement of the term "Reasonable Charge", and deletion of the last bulleted item in the original form, [The Average Wholesale Price for Pharmaceuticals or Maximum Allowable Cost (MAC).]

A redlined copy showing the changes from the previously approved language is included with this filing. A revised Statement of Variability (and relined copy) using the replaced term is also included.

We reserve the right to change fonts and layouts. We certify that the font will never be less than 10 point type.

Your review for approval, at your earliest convenience, is appreciated. Please feel free to contact me at the referenced numbers if you have any questions regarding this filing.

Sincerely,

*Judy Mehm*

Judy Mehm  
Sr. Contract Compliance Advisor

## **STATEMENT OF VARIABILITY**

**September 22 2009  
ARSGNPAR 08/09**

The first two paragraphs of the amendment have been bracketed and will be used when this amendment is sent to our in force business. The third and fourth paragraphs will be used with our preprinted shelf stock of certificate booklets for new business.

Under the definition of Maximum Allowable [Amount] [Charge], the variability would be as follows:

Either the term "Amount" or "Charge" as reflected in the defined term will be used in one certificate form.

The reference to "CMS (Centers for Medicare and Medicaid Services)" has been bracketed as variable in the event the government agency is renamed.

- The first bullet would always be included in the definition. This would apply to professional charges, CORF/Free Standing, Physical Therapy Rehabilitation Centers. /Independent Diabetes Care Centers, ASC, Skilled Nursing Facilities, Hospice, Home Health and Dialysis.
- The second bullet would always be included in the definition. This would apply to professional charges, CORF/Free Standing , Physical Therapy Rehabilitation Centers./Independent Diabetes Care Centers, ASC, Skilled Nursing Facilities, Hospice, Home Health and Dialysis, or any other company that we might do business with in order to determine certain values.
- The third bullet would always be included in the definition. This would apply to Acute Care Facilities.
- The fourth bullet would be included if we offered and the client elected the maximum allowable charge for the Non-Participating Provider to be determined on the basis of the contracted level of benefits in the same service area for Participating Providers with whom we had contracted benefit payments.
- The fifth bullet would be used if we were in a position to use the data that the provider submitted to CMS and we could load it into the system. At this time we do not have the capability to do this so the item would not normally be included in the definition.
- The sixth bullet will always be included when there is no value published, has not been valued by our medical reimbursement data sources or the schedule.
- The seventh bullet will always be included in order to determine the amount to be paid when there are no published values available.
- The eighth bullet will be included if the client had other than a standard arrangement with a network.

The last item will be included only when we are offering a client a higher percent than standard.

- - REDLINED COPY OF CHANGES TO PREVIOUSLY APPROVED LANGUAGE - -

UniCare Life & Health Insurance Company  
Certificate of Coverage Amendment

[Your Certificate of Coverage issued by UniCare Life & Health Insurance Company to [xxxxxxx] under Group Policy No. [xxxxxx] is changed as explained in this Amendment.

The definition of ~~the~~ Reasonable Charge as appears in the Certificate of Coverage is deleted and replaced with the following effective [xxxxxx].]

[The effective date of this Certificate of Coverage Amendment is the same as the Certificate of Coverage Effective Date shown in Your Plan specification page.

The definition of the Reasonable Charge in the Definitions section of the Certificate of Coverage is deleted in its entirety and replaced with the following:]

~~Reasonable Charge, as determined by UniCare,~~Maximum Allowable [Amount] [Charge] for a Covered Expense rendered by a Non-Participating ~~Provider~~Physician, Non-Participating facility or other Non-Participating supplier, which will not exceed the billed charges, is the lesser of:

- ~~{~~The amount based on a percentage of available rates published by ~~[CMS]~~ [CMS] ~~{~~(Centers for Medicare and Medicaid Services) ~~{CMS}~~~~}~~ or a benchmark developed by [CMS] for the same or similar services [within a geographical area;]
- ~~{~~The amount established ~~by Us~~ by comparing rates from one or more regional or national databases or schedules for the same or similar services [in a geographical area]; or based on a percentage of a federal or statewide medical reimbursement benchmark; or the amount based on a percentage of a federal or statewide medical reimbursement benchmark;]
- ~~{~~A statewide average operating cost-to-charge ratio(s) (urban) including, but not limited to, information derived from publicly available [CMS] cost of charge report(s) published by [CMS], applied to the Non-Participating pProvider's charges; ]
- [The amount based on rates negotiated ~~by Us~~ with one or more [in network] [Participating] pProviders in a geographic area for the same or similar services;]
- [The amount based on a percentage of the Non-Participating pProvider's cost for providing the same or similar services including, but not limited to, information derived from the publicly available cost report(s) submitted by the Non-Participating pProvider to [CMS]; ]
- ~~{~~The amount based on a fee schedule that is developed ~~by Us~~ [for procedures or codes for which [CMS] does not publish a value and is not otherwise valued by Our medical reimbursement data sources or Nonparticipating pprovider fee schedule(s)];]
- ~~{~~The amount based on a percentage of the Non-Participating pProvider's billed charges for procedures or codes for which [CMS] does not publish a value and is not otherwise valued by Our medical reimbursement data sources or Nonparticipating pprovider fee schedule(s);~~};~~ [or]
- [The amount charged for the services [whether directly or through one or more intermediaries.]] ~~{-}{-}~~
- ~~{The Average Wholesale Price for Pharmaceuticals or Maximum Allowable Cost (MAC)-}~~

[The amount payable may be increased by a fixed percentage for certain services or facilities as agreed to by the Policyholder.]

All other references to Reasonable Charge in the Certificate of Coverage are replaced with Maximum Allowable [Amount] [Charge].

Signed for UniCare by:

*Kathleen J. Kieffer*

SECRETARY

**- - - REDLINED COPY - - -**

**STATEMENT OF VARIABILITY**

**September 22 2009  
ARSGNPAR 08/09**

The first two paragraphs of the amendment have been bracketed and will be used when this amendment is sent to our in force business. The third and fourth paragraphs will be used with our preprinted shelf stock of certificate booklets for new business.

Under the definition of ~~Reasonable~~Maximum Allowable [Amount] [Charge], the variability would be as follows:

Either the term "Amount" or "Charge" as reflected in the defined term will be used in one certificate form.

The reference to "CMS (Centers for Medicare and Medicaid Services)" has been bracketed as variable in the event the government agency is renamed.

- The first bullet would always be included in the definition. This would apply to professional charges, CORF/Free Standing, Physical Therapy Rehabilitation Centers. /Independent Diabetes Care Centers, ASC, Skilled Nursing Facilities, Hospice, Home Health and Dialysis.
- The second bullet would always be included in the definition. This would apply to professional charges, CORF/Free Standing, Physical Therapy Rehabilitation Centers./Independent Diabetes Care Centers, ASC, Skilled Nursing Facilities, Hospice, Home Health and Dialysis, ~~Ingenix, Ingenix RBRVS similar to Medicare~~ or any other company that we might do business with in order to determine certain values.
- The third bullet would always be included in the definition. This would apply to Acute Care Facilities.
- The fourth bullet would be included if we offered and the client elected the ~~reasonable~~maximum allowable charge ~~level~~ for the Non-~~Preferred~~Participating Provider to be determined on the basis of the contracted level of benefits in the same service area for ~~Preferred~~Participating Providers with whom we had contracted benefit payments.
- The fifth bullet would be used if we were in a position to use the data that the provider submitted to CMS and we could load it into the system. At this time we do not have the capability to do this so the item would not normally be included in the definition.
- The sixth bullet will always be included when there is no value published, has not ~~been~~been valued by our medical reimbursement data sources or the schedule.
- The seventh bullet will always be included in order to determine the amount to be paid when there are no published values available.
- The eighth bullet will be included if the client had other than a standard arrangement with a network.
- ~~The ninth bullet will be included when there is Prescription Drug Coverage.~~

The last item will be included only when we are offering a client a higher percent than standard.